Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND 498 Seventh Avenue ADDRESS (number and street) (Check if address is changed) **NEW YORK** 10018 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS arabb@levyratner.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2017 C00348540 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. SCHAUB, HELEN, , , Type or Print Name of Treasurer SCHAUB, HELEN, , , [Electronically Filed] 09 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	EC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE	raye Z				
Can	ndidate Committee:						
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	and is NOT a principal campaign committee. (Complete the candidate				
Name Candi							
Candi Party	idate Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Candi							
Part	arty Committee:						
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Polit	ical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a				
		Corporation Wo Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint	Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political				
	Committees Participating in Joint Fundraiser						
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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	rite or Type Committee Name				
1	199 SERVICE EN	MPLOYEES INT'L UNIO	N FEDERAL I	POLITICAL A	CTION FUND
6.	Name of Any Connected (Organization, Affiliated Committee, Jo	int Fundraising Repre	esentative, or Leaders	hip PAC Sponsor
S	ERVICE EMPLOYE	ES INT'L UNION			
	Mailing Address	1313 L. STREET N.W.			
	Mailing Address				
		WASHINGTON		DC 20036	
		CITY			
		CITY		STATE	ZIP CODE
	Relationship: X Connecte	d Organization Affiliated Committee	Joint Fundraising I	Representative Lea	adership PAC Sponsor
	Custodian of Records: Idea books and records.	ntify by name, address (phone number	optional) and positio	on of the person in pos	ssession of committee
	SCHAUB, Full Name	HELEN, , ,			
	Mailing Address	498 Seventh Avenue			1
		NEW YORK		NY 10018	
	Title or Position	CITY	:	STATE	ZIP CODE
	TREASURER		Telephone numb	por 212 -	603 1743
			тетернопе патії	Dei	
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) o assistant treasurer).	f the treasurer of the	committee; and the na	me and address of
	Full Name SCHAUB,	HELEN, , ,			ı
	of Treasurer	1400 Coverth Avenue			
	Mailing Address	498 Seventh Avenue			
		NEW YORK		NY 10018	
	Title or Position	CITY		STATE	ZIP CODE
	TREASURER		Telephone numb	per 212	603 - 1743

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Full Name of Designated	Rabb, Alexander, , ,					
Agent	. 80 Fighth Avenue					
Mailing Address	80 Eighth Avenue					
	8th Floor					
	New York NY 1000	01				
	CITY STATE	ZIP CODE				
Title or Position		414 - 2997				
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
ITD BANK						
Mailing Address	1710 ROUTE 70 EAST					
	CHERRY HILL NJ 0803	34				
	CITY STATE	ZIP CODE				
Name of Bank, I	Depository, etc.					
Mailing Address						
	CITY STATE	ZIP CODE				